EDX.MED13 The Role of Religion in Shaping Medical Ideas and Practice, c1250-1700

Total Marks

EDEXCEL 1HI0 · Calculators not allowed · about 65 minutes

Name: _____ Date: ____ / ____ / _____

Answer ALL questions. Write in full sentences for Questions 14, 15 and 16. You are advised to spend about 65 minutes on this pack.

1 Give the name of the medieval Latin medical authority whose ideas were widely taught in European universities and often supported by church scholars.

(Total for Question 1 is 1 mark)

2 Name the institution that, in medieval Britain, often provided basic care for the poor and sick and was run by religious communities.

(Total for Question 2 is 1 mark)

3 State one religious explanation for illness commonly held in medieval Christianity.

(Total for Question 3 is 1 mark)

4 Name one religious practice that patients or communities used to seek healing in the medieval period.

(Total for Question 4 is 1 mark)

5 State two functions that medieval hospitals run by religious orders commonly carried out.

(Total for Question 5 is 2 marks)

6 Give the century in which the Church's control over dissection began to be more openly challenged in Western Europe by anatomists such as Vesalius.

(Total for Question 6 is 1 mark)

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7 Name the continental anatomist whose 1543 work criticised errors in Galen and promoted direct dissection of human bodies.

(Total for Question 7 is 1 mark)

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8 Give one way the Church directly supported healing in parish communities.

(Total for Question 8 is 1 mark)

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9 Name the body, founded in London in 1518, that grew to exercise authority over the licensing of physicians and helped limit untrained practice.

(Total for Question 9 is 1 mark)

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10 State one reason why pilgrimage was believed to help a sick person in the medieval period.

(Total for Question 10 is 1 mark)

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11 Name one thing monks or nuns did in hospitals that combined medical and religious care.

(Total for Question 11 is 1 mark)

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12 State two limits the Church placed on anatomical study in the medieval period.

(Total for Question 12 is 2 marks)

13 Describe two ways in which religious belief shaped the aims of medieval hospitals run by religious orders.

(Total for Question 13 is 4 marks)

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14 Explain one way in which the role of religion in explaining the causes of disease was similar or different between c1250-c1500 and c1500-c1700.

(Total for Question 14 is 4 marks)

15 Explain why the Church's authority over medical ideas and practice declined between c1250 and 1700.

You may use the following in your answer:
- the role of universities and monastic learning in the medieval period
- the impact of Renaissance anatomists and increased dissection

You must also use information of your own.

(Total for Question 15 is 12 marks)

16 'Religious belief was the main force shaping medical practice in Britain up to 1700.' How far do you agree? Explain your answer.

You may use the following in your answer:
- the role of the Church in running hospitals and providing spiritual care
- the rise of anatomical study and professional regulation from the sixteenth century

You must also use information of your own. 4 marks are available for spelling, punctuation, grammar and the accurate use of specialist terminology.

(Total for Question 16 is 20 marks)

Mark scheme · EDX.MED13 The Role of Religion in Shaping Medical Ideas and Practice, c1250-1700

Question 1

- **B1** Galen
- **Answer: Galen**

Question 2

- **B1** a monastery hospital / monastic hospital
- **Answer: A monastic hospital**

Question 3

- **B1** illness as divine punishment for sin
- **Answer: That illness was a divine punishment for sin**

Question 4

- **B1** pilgrimage
- **Answer: Pilgrimage**

Question 5

- **B1** providing food and shelter for the poor and travellers
- **B1** offering nursing care and spiritual support, including prayer and masses for the sick
- **Answer: They provided food and shelter for the poor and travellers, and offered nursing care and spiritual support such as prayer for the sick.**

Question 6

- **B1** the sixteenth century
- **Answer: The sixteenth century**

Question 7

- **B1** Andreas Vesalius
- **Answer: Andreas Vesalius**

Question 8

- **B1** priests saying prayers and performing last rites or masses for the sick
- **Answer: Priests saying prayers and performing last rites or masses for the sick**

Question 9

- **B1** the Royal College of Physicians
- **Answer: The Royal College of Physicians**

Question 10

- **B1** belief that visiting a saint's shrine could bring divine favour or a miraculous cure
- **Answer: Because visiting a saint's shrine was believed to bring divine favour or a miraculous cure**

Question 11

- **B1** they provided nursing care while also saying prayers and offering masses for patients
- **Answer: They provided nursing care while also saying prayers and offering masses for patients**

Question 12

- **B1** restrictions on dissection of human bodies or legal and moral obstacles to routine human dissection
- **B1** preference for relying on authoritative classical texts such as Galen rather than extensive hands-on dissection
- **Answer: Restrictions on human dissection and a preference for relying on classical authorities like Galen rather than hands-on anatomy**

Question 13

- **B1** feature 1 identified, e.g. hospitals aimed to offer spiritual care and salvation as well as physical care
- **B1** supporting detail for feature 1, e.g. monks and nuns provided prayer, sacraments and masses for the sick to aid their souls
- **B1** feature 2 identified, e.g. hospitals provided hospitality and charity as a religious duty
- **B1** supporting detail for feature 2, e.g. caring for the poor and travellers was seen as Christian service and a way of storing up spiritual merit
- **Answer: Hospitals aimed both to help patients' souls through prayer, sacraments and masses, and to practise Christian charity by providing food, shelter and nursing to the poor and travellers.**

Question 14

- **B2** identifies and explains one clear similarity or difference, supported by accurate detail, e.g. similarity: in both periods many people still saw disease in religious terms, with prayer and pilgrimage used as responses; or difference: between c1250-c1500 disease was more often explained primarily as divine punishment or test, whereas by c1500-c1700 naturalistic and anatomical explanations were gaining ground alongside traditional religious explanations
- **B2** supporting detail showing awareness of change over time or continuity, e.g. mention of monastic care and prayer in the earlier period and Vesalius and increasing use of dissection in the later period
- **Answer: E.g. A difference is that c1250-c1500 tended to explain disease mainly as divine punishment or test, so prayer and pilgrimage were central, while by c1500-c1700 naturalistic explanations based on anatomy and observation were increasingly accepted alongside existing religious responses.**

Question 15

- **Level 1** (1-3): Identifies one or two simple reasons for the decline in Church authority, with little or no supporting detail.
- **Level 2** (4-6): Identifies and begins to explain one or two reasons, supported by some accurate detail and making links to the process of change.
- **Level 3** (7-9): Explains several reasons for the decline of Church authority, supported by accurate and relevant detail and showing how these reasons contributed to change over time.
- **Level 4** (10-12): Explains in a well-developed and balanced way a range of connected reasons for the decline in Church authority, supported throughout by precise and accurate detail and analysis of how these factors interacted over time.
- **Indicative content:**
  - Universities and monastic learning initially reinforced Church authority because medical teaching relied on Galen and on texts preserved and taught within ecclesiastical institutions, giving the Church intellectual control over medical ideas in c1250-c1500.
  - Renaissance anatomists, such as Vesalius in the sixteenth century, promoted dissection and direct observation, exposing errors in Galenic anatomy and encouraging a shift from textual authority to empirical study, which undermined the Church's control over medical knowledge.
  - The growing status of professional bodies, such as the Royal College of Physicians (founded 1518), shifted licensing and professional authority away from purely ecclesiastical structures towards secular, professional regulation.
  - Religious changes, including the Reformation and the dissolution of some monastic hospitals in England, reduced the institutional reach of the medieval Church over hospitals and care, creating space for more secular or lay involvement in medical practice.
  - Printing and the spread of medical books allowed new ideas to circulate more widely, enabling lay practitioners and physicians to challenge established religiously based authorities.
  - These factors interacted: institutional changes reduced church control, empirical anatomy provided intellectual grounds to question church-supported authorities, and professional and technological changes (printing, colleges) institutionalised alternatives to ecclesiastical dominance.

Question 16

- **Level 1** (1-4): Shows limited knowledge of medical practice and religion c1250-1700 and offers a simple, unsupported judgement on the statement.
- **Level 2** (5-8): Shows some relevant knowledge and begins to weigh the evidence for and against the statement, but the argument is not fully developed.
- **Level 3** (9-12): Shows good knowledge and offers a balanced discussion of religious and non-religious influences, reaching a supported judgement on how far the statement is accurate.
- **Level 4** (13-16): Shows precise, well-selected knowledge and provides a sustained, balanced and analytical evaluation of both sides, reaching a clear and well-argued judgement on how far religion was the main shaping force by 1700.
- **Indicative content:**
  - Arguments that support the statement: the Church and religious institutions ran many hospitals and provided spiritual care, prayer and sacraments that shaped how patients were treated and what aims care pursued in the medieval period; religious explanations for disease, such as punishment or test, guided lay and clerical responses including pilgrimage and confession.
  - Arguments against the statement: by the sixteenth century empiricism and anatomy challenged purely religious explanations; Vesalius and other anatomists promoted dissection and observation, undermining reliance on textual authority and religion as the sole arbiter of medical truth.
  - Arguments against the statement: the foundation and growing authority of bodies like the Royal College of Physicians, and the spread of printed medical texts, created secular professional structures that shaped practice alongside and increasingly over religious influence.
  - Balanced points: religion continued to shape ideas and practices such as palliative care, ritual healing and charitable institutions across the period, but its dominance declined as scientific methods, professional regulation and changing institutions gained influence, so the extent of religion's primacy varied across time and context.
  - Judgement: a strong answer will argue that religion was a major shaping force especially in the medieval period, but that by 1700 its dominance had been significantly eroded by intellectual, institutional and technological changes; the conclusion should assess continuity and change and support the verdict with precise examples.